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CONFIRMATION NO. 4066

Bib Data Sheet

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|--|---|-------------------------------|---|-------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/721,869   | <b>FILING OR 371(c) DATE</b><br>11/24/2000<br><b>RULE</b>   | <b>CLASS</b><br>705           | <b>GROUP ART UNIT</b><br>3622   | <b>ATTORNEY DOCKET NO.</b><br>KEN-1 |                                |
| <b>APPLICANTS</b><br>Wayne Mariner Kennard, Weston, MA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 04/03/2001</b>   |   |                               |   |                                     |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>10           | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>Wayne M. Kennard<br>28 Partridge Road<br>Lexington ,MA 02241   |   |                               |   |                                     |                                |
| <b>TITLE</b><br>SYSTEM AND METHOD FOR REDEMPTION OF AWARDS BY AWARD PROGRAM PARTICIPANTS   |   |                               |   |                                     |                                |
| <b>FILING FEE RECEIVED</b><br>710  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                     |                                |